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Office Use Only



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Ra change



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet squeppet@cscinfo.com

Date: October 31, 2014

Order#: 353841/008

Re: MICROS-FIDELIO WORLDWIDE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Sylvia Queppet

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

· ·	" '	517.0502, 607.1508, or 617.1508, Floria n organized under the laws of the State o	
•	•	r registered agent, or both, in the State o	· ————
1. The name of	the corporation: MICROS-FIDELIC	O WORLDWIDE, INC.	
	office address: 4630 S. Arville Str		
3. The mailing a	nddress (if different):		
4. Date of incor	poration/qualification: 07/25/2012	2 Document number: P1200	00065020
	I street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file resigned)	with the
	NRAI Services, Inc.		
	1200 South Pine Island Road		
	Plantation	FL 33324	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered	office SECRE
	Corporation Service Company		三篇章 五
	1201 Hays Street		28 W
	P.O. I Tallahassee	Box NOT acceptable FL 32301	
			- <u> </u>
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent,
		dopted by its board of directors or by a een notified in writing of the change.	n officer so
Dir	- DHeei	Brian S. Higgins	Vice President
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of a my duties, and I am familiar with	Printed or typed name and sent and agree to act in this capacity, all statutes relative to the proper and can accept the obligation of my positi to reflect a change in the registered of tified in writing of this change.	omplete on as registered fice address, I
By:	pature of Registered Agent	/0-3/- Date	1,4
(half of an entity:	Date	
Sylvia Queppet	, Asst. Vice President		
	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *